

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 JAN 16 PM 12:30

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

IMPORTANT: Indicate by # type of committee you are reporting for: 2
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged In

Scanned

Computer

Audited

9754

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

B. J. M.
SIGNATURE OF PERSON FILING REPORT

515 783 5950
TELEPHONE

1/16/09
DATE SIGNED

I AM FILING A 12.31.2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 19,712.64

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4,610.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidate's Committees Only)

SUB-TOTAL

24,322.64

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

23,198.12

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

1,124.52

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

250.00

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10.15.08	ID# CK# 2050001754	Daniel Renberg 8882 Collingwood Dr Los Angeles CA 90069	earmarked thru; ACT BLUE	\$500.00	<input type="checkbox"/>
10.21.08	ID# CK# 2050001777	Esmond Harmsworth 535 Boylston St Boston MA 02116	earmarked thru; ACT BLUE	1000.00	<input type="checkbox"/>
10.27.08	ID# CK# 4841	Jon L Stryker PO Box 51536 Kalamazoo MI 49005		1000.00	<input type="checkbox"/>
10.30.08	ID# CK# 2050001845	David Binder 44 Page St Ste 404 San Francisco CA 94102	earmarked thru; ACT BLUE	250.00	<input type="checkbox"/>
11.02.08	ID# CK# 1075	Maury Adair 410 Franklin Ave Des Moines IA 50314		70.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 4314	Suzi A Alexander 3709 Carpenter Ave Des Moines IA 50311		50.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 3815	Bruce Carr 1110 E 6th St Des Moines IA 50316		25.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 1083	Brian Douglas 1429 9th St Des Moines IA 50314		70.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK#	Rich Eychaner PO Box 1797 Des Moines IA 50305		40.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 1976	Dennis Groenenboom 1134 38th St Des Moines IA 50311		30.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 3035.00	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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11.02.08	ID# CK# 8245	Richard G Gubbels 2812 Virginia Pl Des Moines IA 50321		\$50.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 2921	Scott Hartsook 1134 38th St Des Moines IA 50311		30.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 12029	Georgia Helmick 300 Walnut St Unit 75 Des Moines IA 50309		150.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 4076	Scott E Johnson 712 Ashworth Rd West Des Moines IA 50265		35.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 1040	Kasey Kincaid 300 Walnut St Unit 47 Des Moines IA 50309		35.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 5997	Scott Klinefelter 5032 Westwood Dr West Des Moines IA 50265		35.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 6607	Tracey Lewis 2812 Virginia Pl Des Moines IA 50321		50.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 1917	Proctor Lureman 1510 Bell Ave Des Moines IA 50315		100.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 3233	Joan Middleton 3920 Grand Ave Unit 1000 Des Moines IA 50312		50.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 5891	Frderick F Mount 2850 Druid Hill Dr Des Moines IA 50315		35.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 570.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11.02.08	ID# CK# 6961	Arthur V Neis 1575 NW 106th St Clive IA 50325		\$50.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 1010	Eric T Nemmers 661 19th St Des Moines IA 50314		75.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 3896	Sandra Quilty 814 17th St Des Moines IA 50314		100.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 10292	Janet Rosenbury 938 Glen Oaks Ter West Des Moines IA 50266		100.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 3129	Lawrence K Schlatter 6978 NE 26th Ct Ankeny IA 50021		35.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 1319	Brian Thorson 7016 Twana Dr Urbandale IA 50322		35.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK# 768	W. Scott Valbert 2400 Park Ave Des Moines IA 50321		50.00	<input checked="" type="checkbox"/>
11.02.08	ID# CK#	Connie Wimer 300 Walnut St Unit 51 Des Moines IA 50309		100.00	<input checked="" type="checkbox"/>
11.11.08	ID# CK# 2050001895	Charles Carnes 3925 Sherman Blvd Des Moines IA 50310	carmarked thru; ACT BLUE	75.00	<input type="checkbox"/>
11.11.08	ID# CK# 2050001895	Sean Haire 400 E Locust St Unit 103 Des Moines IA 50309	carmarked thru; ACT BLUE	20.00	<input type="checkbox"/>
SUB-TOTAL				\$ 640.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11.11.08	ID# CK# 2050001895	Ted Trimpa 410 17th St Fl 22 Denver CO 80202	earmarked thru; ACTBLUE	\$25.00	<input type="checkbox"/>
11.11.08	ID# CK# 2050001908	Matt McCoy 110 35th St Des Moines IA 50312	earmarked thru; ACTBLUE	100.00	<input checked="" type="checkbox"/>
11.11.08	ID# CK# 2050001908	Randy Hamilton 203 28th St Des Moines IA 50312	earmarked thru; ACTBLUE	150.00	<input type="checkbox"/>
11.11.08	ID# CK# 2050001908	Ryan Riley 400 Walnut St Ste 1002 Des Moines IA 50309	earmarked thru; ACTBLUE	40.00	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions 10.15-12.31.08	earmarked thru; ACTBLUE	10.00	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions 10.15-12.31.08		40.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 365.00	
TOTAL (if last page of this schedule)				\$ 4610.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10.15.08	ID# 1748 CK# 1013	Citizens for Gretchen Lawyer 1065 6th St Marion IA 52302	Contribution	\$ 500.00
10.27.08	ID# 9098 CK# 1014	House Truman Fund 5661 Fleur Dr Des Moines IA 50321	Contribution	10,000.00
10.27.08	ID# CK# 1015	Carter Printing 1739 E Grand Ave Des Moines IA 50316	Envelopes & Posters	188.68
10.27.08	ID# CK# 1016	Ryan Crane 500 E Locust St Ste 300 Des Moines IA 50309	Reimbursement mileage and meals 10.15-10.31.08	275.04
10.29.08	ID# CK# 1017	Ruth M Bloxham 500 E Locust St Ste 300 Des Moines IA 50309	Reimbursement for postage	46.90
11.04.08	ID# CK# 1018	Brad Clark 500 E Locust St Ste 300 Des Moines IA 50309	Reimbursement for lodging, mileage, meals and office supplies 10.15-10.31.08	443.17
11.05.08	ID# CK# 1019	One Iowa 500 E Locust St Ste 300 Des Moines IA 50309	Reimbursement for personnel and occupancy expenses based on cost sharing agreement 10.15-11.15.08	10,004.11
11.05.08	ID# CK# 1020	Matt Skuya 500 E Locust St Ste 300 Des Moines IA 50309	Reimbursement mileage, meals and office supplies 10.15-11.04.08	668.98
SUB-TOTAL				\$ 22,126.88
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11.07.08	ID# CK# 1021	Justin Uebelhor 500 E Locust St Ste 300 Des Moines IA 50309	Reimbursement for mileage and meals 10.20-11.04.08	\$ 417.58
11.11.08	ID# CK# 1022	Ryan Crane 500 E Locust St Ste 300 Des Moines IA 50309	Reimbursement for mileage and meals 11.01-11.04.08	34.66
11.11.08	ID# CK# 1023	One Iowa 500 E Locust St Ste 300 Des Moines IA 50309	Reimbursement for printing	147.34
11.21.08	ID# CK# 1024	Scott Stevens 500 E Locust St Ste 300 Des Moines ia 50309	Reimbursement for catering	94.39
12.01.08	ID# CK# 1025	Brad Clark 500 E Locust St Ste 300 Des Moines IA 50309	Reimbursement for mileage, meals and office supplies 11.01-11.30.08	185.18
	ID# CK#	Act Blue Iowa PO Box 382110 Cambridge MA 02238-2110	Processing Fees 10.15-12.31.08	85.73
	ID# CK#	West Bank PO Box 65020 West Des Moines IA 50265	Bank Fees 10.31.08 3.18 11.30.08 3.18	6.36
12.31.08	ID# CK#	Correction: recorded twice a contribution recorded in error to the Fairness Fund.	First error corrected on report filed for period May 15 - July 14, 2008	100.00
SUB-TOTAL				\$ 1071.24
TOTAL (If last page of this schedule)				\$ 23198.12

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Fairness Fund

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11.02.08	Mike Simonson 3300 Elmwood Dr Des Moines IA 50312	None	Food for fund- raising even.	\$ 250.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 250.00	
TOTAL (if last page of this schedule)				\$ 250.00	

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Page 1 of 1
(for Schedule E)